



**The Commonwealth of Massachusetts**  
**Executive Office of Public Safety**  
**State Boxing Commission**

ADMINISTRATION USE ONLY! DO NOT  
WRITE IN THIS AREA!

This License was granted:

Date: \_\_\_\_\_

Expires: \_\_\_\_\_

License No: \_\_\_\_\_

**FEE: \$30.00**

**APPLICATION FOR LICENSE AS A SECOND**

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 147, GENERAL LAWS, AND RULES AND REGULATIONS OF THE  
MASSACHUSETTS STATE BOXING COMMISSION

DATE \_\_\_\_\_, 19\_\_\_\_\_

*I hereby make application for a license to be a Second of Professional Boxers.*

(Please Print With Ball Point Pen)

Name		Assumed or "Ring" Name	
Address		Telephone No. (      )	
City	State	Zip	Country

DATE OF BIRTH: Mon. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ PLACE BORN: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. COLOR EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

COMPLEXION: \_\_\_\_\_ DISTINGUISHING MARKS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ TELEPHONE NO. (      ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

Describe your experiences in boxing that would support your being granted a license. (Continue on a separate sheet if needed.)

Have you ever held a License to be a Trainer in Massachusetts? YES NO

Have you ever been licensed to be a Trainer in other states? YES NO  
Which? \_\_\_\_\_

Date	Offense	Court	YES	NO	If YES, please provide details: Disposition

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

\* Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties that I, to my best knowledge and behalf, have filed all state returns and paid all state taxes required under law.

_____	_____
** Social Security	* Signature of Individual or Corporate Name
_____	By: _____
Federal Identification Number	Corporate Officer (If Applicable)

- \* This license will not be issued unless this certification clause is signed by the applicant.
  
- \*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c. 620 section 49A.